FORM D

SEC Wail Processing Section SEP OA 2008

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

17296	1/
OMB APP	ROVAL
OMB Number:	
Expires: August	31, 2008
Estimated avera	ge burden
hours per respon	nse 16.00

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• • • • • • • • • • • • • • • • • • • •	
Name of Offering (check if this is an amendment and name has changed, and indicate change)
Sale of Series A-1 Convertible Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	THE PROPERTY OF THE PROPERTY O
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) I HORAN TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOW
Curious Sense, Inc.	08059671
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4714 Taproot Lane, Durham, NC 27705	(919) 237-3583
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	PROCESSED
Brief Description of Business	
Develop and create immersive three dimensional virtual worlds.	SEP 1 2 2008
Type of Business Organization) .
☐ corporation ☐ limited partnership, already formed ☐ other (please sp	THOMSON RELITERS.
☐ business trust ☐ limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 04 08 🖂 Actual	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	or State:
CN for Canada; FN for other foreign jurisdiction	N C
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation.	ation D or Section 4(6), 17 CFR 230,501
et seg. or 15 U.S.C. 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the	e offering. A notice is deemed filed with the U.S. at the address given below or if received at that

address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no tederal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

43		A. BASIC IDE	NTIFICATION DATA	· ·	
Each beneficial ownEach executive office	e issuer, if the issuer er having the power (has been organized within the page to vote or dispose, or direct the value or dispose, or direct the value of corporate and o	ast five years; rote or disposition of, 10% or mor general and managing partners of	e of a class of equity so partnership issuers; an	ecurities of the issuer; d
Check Box(es) that Apply:	Promoter	Beneficial Owner		☑ Director	General and/or Managing Partner
Full Name (Last name first, Blumenthal, Adam S.	if individual)				
Business or Residence Addr 4714 Taproot Lane, Durham		er and Street, City, State, Zip	Code)	1	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Jubelirer, Jim and Lauren Ju					
Business or Residence Addr -6007 Hathaway Lane, Chap	•	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Landis, Eric	if individual)				
Business or Residence Addr 27 Mont Vernon Road, Ami		er and Street, City, State, Zipnire 03031	code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Numb	er and Street, City, State, Zip	o Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		-		
Business or Residence Addr	ess (Numb	er and Street, City, State, Zip	o Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Numb	er and Street, City, State, Zip	Code)	-	

	 	<u></u>		<u> </u>	B. INFORM	IATION A	BOUT OFFI	ERING					
· I.	Hac the ice	uer sold or	does the issu	er intend to s	ell to non-a	ccredited inv	estors in this	offering?				Yes	No ⊠
1-	1145 (110 155							oriering.				_	
		An	swer also in a	Appendix, C	olumn 2, if f	iling under U	JLOE.						
2.	What is the	minimum i	nvestment th	at will be acc	epted from a	any individua	al?					N/A	
3.	Does the o	fforing norm	it joint owne	rchin of a cir	uale unit?							Yes ⊠	No
٥.												23	_
4.	or similar in listed is an of the brok	remuneration associated per or dealer.	equested for n for solicita person or ago If more that or that broker	tion or purch ent of a brok n five (5) per	nasers in cor er or dealer i sons to be li	nection with registered wi	n sales of sec th the SEC a	curities in the and/or with a	e offering. a state or st	If a person ates, list the	n to be e name		
	me (Last nam	e first, if ind	lividual)										
N/A Busines	s or Residence	o Address (Number and	Street City	State Zin C	ode)							
··	s or resident	ic Address (,14dilloci dila	Sacci, Ony,	State, Zip C	ode)							
Name o	f Associated	Broker or De	ealer										
	n Which Pers "All States" o											All State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na n/a	me (Last nam	e first, if ind	lividual)										
	ss or Residenc	e Address (Number and	Street, City,	State, Zip Co	ode)							
Name o	of Associated	Broker or De	ealer										
	n Which Pers "All States" o											All State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[Al]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last nar	ne first, if in	dividual)										
Busines	ss or Residence	ce Address (Number and	Street, City,	State, Zip Co	ode)							
Name c	of Associated	Broker or D	ealer								·		
	n Which Pers "All States" (All State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
(D1)	(SC)	(CD)	[TNI]	(TV)	CHT	(VT)	EV/A1	[WA]	rwvi	rwn	(WY)	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

•	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount a sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, chee box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	ck this	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u>\$0</u>	_\$0
	Equity	\$100,001	\$100,001
	☐ Common		
	Convertible Securities (convertible notes with warrants attached)	<u>\$0</u>	\$0
	Partnership Interests	0	\$0
	Other (Specify) limited liability company membership units	\$0	\$0
	Total	\$100,001	\$100,001
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$100,001
	Non-Accredited Investors	0	0
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		S
	Rule 504		S
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<u>s</u>
	Printing and Engraving Costs		S
	Legal Fees	🖾	\$5,000.00
	Accounting Fees		\$
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)		S
	Total		\$5,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
"	b. Enter the difference between the aggregate offering price given in response to Part C - Quest and total expenses furnished in response to Part C - Question 4.a. This difference is the "adj gross proceeds to the issuer."	ion 1 usted	\$95,001.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be use each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C - Question 4.b above.	e and	
		Payments to	
		Officers,	
		Directors, & Affiliates	Payments To Others
	Salaries and Fees	<u> </u>	<u> </u>
	Purchase of Real Estate	s	□ <u>\$</u>
	Purchase, rental or leasing and installation of machinery and equipment	<u> </u>	□ <u>s</u>
	Construction or leasing of plant buildings and facilities	<u> </u>	□ <u>s</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a	3	
	merger)	□ s	□ s
	Repayment of indebtedness	□ \$	□ s
	Working capital	□ s	\$95,001.00
	Other (specify):	s	<u></u>
		_	
			S
	Column Totals	s	\$95,001.00
	Total Payments Listed (column totals added)	S95,0	01.00
	D. FEDERAL SIGNATURE		
gnat	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commination furnished by the issuer to any non-act tedited investor pursuant to paragraph (b)(2) of Rule 50.	ssion, upon written requ	uest of its staff, the
suer	(Print or Type) Signature	Date	
urio	us Sense, Inc.	Aug 29	, 2008
ame	(Print or Type) Title (Print or Type)	3	
dam	S. Blumenthal President		
	ATTENTION		
l	ntentional misstatements or omissions of fact constitute federal criminal vio	lations. (See 18 U.	S.C. 1001.)
			,

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.
Iss	uer (Print or Type) Signature Date
Cu	rious Sense, Inc. Survey Survey S 28, 2008
Na	me (Print or Type) Title (Print or Type)

President

Instruction:

Adam S. Blumenthal

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPE	ENDIX						
1	2 3			4					5		
									ification ite ULOE		
			Type of security								
	Intend		and aggregate								
	to non-ac		offering price		Type of investor and						
	investors		offered in state		amount purchased in State						
ļ	(Part B-	1	(Part C-Item 1)		(Part	C-Item 2)		(Part E	-ltem 1)		
			Series A-1 Convertible	Number of		Number of Non-Accredited					
6	V	3 7 -	Preferred Stock	Accredited	4 mount	Investors	Amount	Yes	No		
State	Yes	No		Investors	Amount	litvestors	Amount	163	110		
AL		<u> </u>					<u></u>				
AK											
AZ							<u> </u>				
AR				· <u>-</u>							
CA											
СО		-		ļ							
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				APPE	ENDIX				
1	2	!	3				5 Disqualification		
			Truncat consults						
	Intend	to call	Type of security under Sta		s, attach				
	Intend to sell and aggregate to non-accredited offering price Type of investor and							explanation of	
	investors		offered in state		• •			waiver granted)	
	(Part B-	rt B-Item 1) (Part C-Item 1) (Part C-Item 2)						(Part E-Item 1)	
		<u></u>	Series A-I	Number of		Number of			
		Convertible	Accredited		Non-Accredited				
State	Yes	No	Preferred Stock	Investors	Amount	Investors	Amount	Yes	No
ОК									
OR									
PA									
RI									
SC									
SD	. ,								
TN									
TX									
UT	·						·		
VT									
VA									
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